



State of Rhode Island and Providence Plantations

DEPARTMENT OF ATTORNEY GENERAL

150 South Main Street • Providence, RI 02903

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*Patrick C. Lynch, Attorney General*

**REQUEST TO INSPECT AND/OR COPY RECORDS**

(R.I. GEN. LAWS §§ 18-9-7 and 38-2-1, et seq.)

This Form Must be Completed, Signed and Returned to:

**Department of Attorney General  
Administrator of Charitable Trusts  
150 South Main Street  
Providence, RI 02903**

1. Name of Trust: *(if known)* \_\_\_\_\_
  - (a) Federal Identification #: *(if known)* \_\_\_\_\_
  - (b) Attorney General #: *(if known)* \_\_\_\_\_
2. Name(s) of Trustee(s): *(if known)* \_\_\_\_\_
3. Name(s) of Beneficiary/Beneficiaries: *(if known)* \_\_\_\_\_
4. Name of Person making Request:  
\_\_\_\_\_
5. Address of Person making Request:  
\_\_\_\_\_  
*Street & No.      City/Town      State      Country*
6. Telephone no. of Person making Request: \_\_\_\_\_
7. Reason(s) for Request:  
\_\_\_\_\_
8. Request is made to Inspect:  
\_\_\_\_\_  
*Title and/or Description of Document(s)*  
\_\_\_\_\_
9. Request is made to Obtain Copies:  
\_\_\_\_\_  
*Title and/or Description of Document(s)*  
\_\_\_\_\_

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\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**SIGNATURE OF PERSON MAKING REQUEST**

**(DO NOT WRITE BELOW THIS LINE)**

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Person making Inspection: \_\_\_\_\_

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